



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
301 WEST HIGH STREET — ROOM 470
PO BOX 200
JEFFERSON CITY, MO 65105-0200

TELEPHONE: (573) 751-7195
FAX: (573) 526-7365

FORM
4201
(REV 10-2006)

AFFIDAVIT — ASSIGNMENT OF CERTIFICATE

I, _____ hereby assign all rights of the attached CERTIFICATE
_____, to the Department of Revenue, State of Missouri, until cancelled.

SIGNATURE

ADDRESS

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

I, _____, hereby acknowledge that the assignment of Certificate
_____ is valid and _____
NAME OF BANK
is aware of said assignment.

BANK OFFICIAL'S NAME AND TITLE

ADDRESS

CITY	STATE	ZIP	TELEPHONE
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VISIT OUR WEB SITE AT WWW.DOR.MO.GOV